ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

www.azliquor.gov

800 W Washington 5th Floor Phoenix AZ 85007-2934 (602) 542-5141 400 W Congress #521 Tucson AZ 85701-1352 (520) 628-6595

APPLICATION FOR OUT-OF-STATE DOMESTIC FARM WINERY OR DOMESTIC MICROBREWERY

| SECTION 1 This ap | oplication is for a: | SECTION 2 Type of owr | nership: | | |
|---|--|---|---|----------------------------------|--|
| ☐ New License | ☐ Domestic Microbrewery☐ Domestic Farm Winery | ☐ Individual ☐ Partne | ership Corporation | LLC | |
| DFW produces less than | 20,000 gallons annually Yes No | | | | |
| ☐ Agent Change | Domestic Farm WineryDomestic Microbrewery | Name of Individual, Corp | poration or Partnership | | |
| SECTION 3 Fees: | DOMESTIC FARM WINERY DOMESTIC MICROBREWERY | Application Fee: \$100 ISSUANCE FEES: Full year/\$200 Half year/\$150 ISSUANCE FEES: Full year/\$600 Half year/\$450 | | | |
| | A service fee of \$25.00 will be charge | ed for all dishonored checks (A.R. | .S. 44-6852) | | |
| SECTION 4 Applic | cant: | | | | |
| 1. Applicant/Agent (Insert one name ON | 's Name: | First | Middle | | |
| 2. Business Name | | | | | |
| | (Exactly as it appears on the exterior of prem | nises) | | | |
| 3. Business Addre | | | | | |
| | (Do not use P.O. Box Number) | City | State | Zip | |
| 4. Mailing Address | will be mailed to this address) | City | State Zi | iD. | |
| , | e: (<u>)</u> | • |) | | |
| 6. Federal ATF Pe | rmit #: | Resident State Liquor Licens | se #: | | |
| YOU ARE NOT LICEN EACH OWNER, AGEN PERSON COMPLETIN AT THE DEPARTMEN MUST ACCOMPANY | YOUR LICENSE THAT PERMITS YOU THE SECTION OF THE STATE, QUENT, PARTNER, STOCKHOLDER (10% ONE THIS FORM MUST SUBMIT AN "APINT OR YOUR LOCAL POLICE DEPARTMEACH QUESTIONNAIRE. FINGERPRINE FREINTING SERVICE. THE DEPARTMENT OF THE DE | ESTIONNAIRES (available on-line) OR MORE), MEMBER, OFFICER OF PLICANT" TYPE FINGERPRINT C MENT. THERE IS A PROCESSING ITING MUST BE DONE BY A BON | NEED TO BE COMPLET R MANAGER. ALSO EAC ARD WHICH MAY BE OF FEE OF \$24 PER CARD A FIDE LAW ENFORCEN | TED BY CH BTAINED WHICH | |
| | ction Privilege Tax # | (Domestic Farm | n Wineries Further inform | ation available | |
| IMPOSED PURSUANT TO | D5.04, DOMESTIC FARM WINERIES SHALL PAY TITLE 42, CHAPTER 3 AND ALL TRANSACTION MICROBREWRIES SHALL PAY ALL LUXURY TA 2-3355(B). | N PRIVILEGE OR USE TAXES IMPOSED | PURSUANT TO TITLE 42, | | |
| SECTION 5 All ques | stions MUST be answered. | | | | |
| Have you EVER denied, suspend | had an application for any business led, or revoked? | license, professional license or l | iquor license rejected, | S 🗌 NO | |
| 2. Has anyone EVE | R filed suit or obtained a judgment ag | gainst you in any Civil action, the | subject | | |

| | of which involved fraud or misrepresentation involving a liqu | ıor license? | | ☐ YES ☐ NO | | | |
|------------------------|--|---|-------------------|-----------------|--|--|--|
| 3. | Have you EVER had a criminal conviction in any state or for | reign jurisdiction? | | YES NO | | | |
| 4. | If you answered 'YES' to questions 1, 2, or 3, give complete | details: ——— | | | | | |
| | | | | | | | |
| _ | | I sheets if necessary) | | □ YES □ NO | | | |
| 5. | Are you familiar with Arizona State Liquor Laws and Regula | | and the Co | L YES L NO | | | |
| 6. | Do you agree to notify the Department of Liquor of any pro- or other changes prior to making any such changes? | oposed change of ownership | | □ YES □ NO | | | |
| 7. | Do you agree to keep all records, invoices, and other docur sale, or delivery of spirituous liquor for a period of two years accessible for examination? | | □YES□NO | | | | |
| 8. | Do you consent to an investigation of your background included and description including police records and to waive any rimay have against the Department of Liquor Licenses and Cagency disclosing or releasing said information to the Department | ghts or causes of actio Control and any other in | n that you | □ YES □ NO | | | |
| 9. | If you answered 'NO' to any of questions 5, 6, 7, or 8 give of | omplete details: | | | | | |
| | (Attach additional sheets | if necessary) | | | | | |
| FA | LSE OR INCOMPLETE ANSWERS COULD RESULT IN TH | | NSE OR PERMI | IT. | | | |
| <u>SE</u> 20 | CTION 6 WHOLESALER INFORMATION – DOMESTIC | C FARM WINERY PRO MICROBEWERY | DDUCING MORE | THAN | | | |
| 1. | Provide the names and addresses of the wholesalers licensed in this state through which you will ship spirituous liquor into this state. (Attach a separate sheet) | | | | | | |
| 2. | Provide the names and addresses of each wholesaler in this state who has received shipments from you within the previous three years and the number of shipments to each. (Attach separate sheet) | | | | | | |
| | <u>IMPORTANT</u> | NOTICE | | | | | |
| Wł | e Domestic Microbrewery license allows the shipment of alcoholesaler or directly to retailers (if shipments to a retailer do not u may not ship directly to a consumer.) | | | | | | |
| Ι, | (Print Name) | , hereby declare that | I am the Applica | nt/Agent filing | | | |
| ac | s application. I have read this application and the contents an knowledge that shipments into this state contrary to Section § | | | | | | |
| ıιψ | uor license. | State of | County of | | | | |
| Χ_ | (0:000) | The foregoing instrume | nt was acknowledç | ged before this | | | |
| | (Signature) | day of | Month | , Year | | | |
| My | commission expires on: | Signature of NC | | | | | |
| | | Giordine di No | | | | | |